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The Doe Fund

SUBJECT: Incident Reporting Policy	EFFECTIVE DATE: 8/1/14
APPLICABLE TO: Staff and Residents at NYC TDF Facilities	REVISION DATE: 5/22/15
APPENDIX: A. Incident Report Form B. Incident Report Logbook (onsite at facility) C. TDF Incident Reports & Follow Up Binder (onsite at facility)	APPROVED BY: Quality Assurance DATE: 7/16/14

GOAL:	This policy outlines the procedures for reporting and following up on incidents that occur in a NYC TDF facility.
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Policy and Procedure
<p>Incidents include, but are not limited to: verbal and physical altercations, medical/psychiatric emergencies, building safety issues, the arrest of a client, staff member or visitor, or criminal activity. Certain types of incidents may require an Incident Report to be completed in CARES.</p> <p>All incidents should be documented by the completion of an "Incident Report Form" (Appendix A). "Incident Reports" may be completed by staff or clients regarding any issue or incident. Blank "Incident Report" forms can be found in the Operations Office or front Security Desk.</p> <p>Completed incident reports are logged and filed by facility Security Staff in the "Incident Report Logbook" (Appendix B). Security Staff will photocopy all incident reports and provide copies to any applicable staff members. One copy should also be placed in the "TDF Incident Reports & Follow Up" Binder (Appendix C), located in the Operations Office. Any clients who are directly involved in an incident should have a copy of the "Incident Report" in their client case file.</p> <p>Program Staff and any applicable staff members must conduct appropriate follow up to every incident reported. Appropriate follow up includes, but is not limited to: calling a Sit Down, investigation of allegations of wrongdoing, ILP violation, or calling EMS/Police. All follow up should be documented in the "<i>Follow Up/Actions Taken</i>" section of the "Incident Report Form" within 10 business days. The person completing this section of the form will add their name, title, and the date to the second page of the form. A copy of the completed "Incident Report Form" (with a completed "<i>Follow Up/Actions Taken</i>" section) must replace the incomplete copy in the "TDF Incident Reports & Follow Up" Binder and the client case file.</p>

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Incident Report

Incident Complaint Report # _____

Date of Report:	Date of Incident:	Time of Incident:	Location of Incident:	Type of Incident
		Time incident was reported:		<input type="checkbox"/> Physical Altercation <input type="checkbox"/> Verbal Altercation <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Public Intoxication <input type="checkbox"/> Medical and/or Psychiatric emergency <input type="checkbox"/> Building Safety Issue <input type="checkbox"/> Warrant Squad
				<input type="checkbox"/> NYPD Response <input type="checkbox"/> FDNY Response <input type="checkbox"/> Other: _____

Complainant's Name	Complainant's Date of Birth/ CARES Number (if applicable)	Complaining Member Group	Complainant's Phone Number
<i>Last, First</i>		<input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other	

Victim's Name	Victim's Date of Birth/ CARES Number (if applicable)	Victim Member Group	Victim's Phone Number
<i>Last, First</i>		<input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other	

Person who first reported incident	Date of Birth/ CARES Number (if applicable)	Reporter Member Group	Reporter's Phone Number
<i>Last, First</i>		<input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other	

Name(s) of any Witnesses to the Incident

Incident Report Prepared by:		
<i>Print Name</i>	<i>Signature</i>	<i>Title</i>
Report Reviewed by:		
<i>(Preparer's Supervisor): Print Name</i>	<i>Signature</i>	<i>Title</i>

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Brief Description of the Incident (including Who, What, When, Where)

Attach additional page(s) if needed

Follow Up/Actions Taken

(This section should be completed by Program Staff within 10 business days)

Follow Up Completed by: _____

Title: _____

Date: _____